



Varicella (Chickenpox) Disease Surveillance Monthly Report
State Form 41849 (7-04)

Indiana State Department of Health – Epidemiology Resource Center

Report all cases of chickenpox, including those reported by parent via telephone (please ask parent or patient about grade of lesions).

If there were no reported cases, please check this box ☐

Month and Year of Report: _____

Name of Provider/School/Day-care Center: _____

Street Address: _____ City: _____

State: IN ZIP Code: _____ Telephone #: (Include Area Code) _____

Name of Child	Date of Birth	Date of Rash Onset	Received Varicella Vaccine	Vaccination Date(s)	Severity of Disease*
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>		I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>

Name of Person Submitting Report: _____ Date of Report: _____

*Severity of Disease: Estimate the number of chickenpox lesions/spots easily counted by parent or nurse.

I - 50 spots or less, easily counted within 30 seconds.

II - 50-500 spots (between Grade I and Grade III).

III - 500 or more spots or spots clumped so closely together that little normal skin is visible.

Please submit this report (by fax, mail, or e-mail) each month to:

Epidemiologist, Epidemiology Resource Center, Indiana State Department of Health, 2 North Meridian Street,
Indianapolis, Indiana 46204; Fax: 317.234.2812; Voice: 317.233.7112; E-mail: wstaggs@isdh.state.in.us